

CLAIMS ONLY							Application Number <div style="text-align: center; font-size: 1.2em;">10/716415</div>		Filing Date	
							Applicant(s)			
<i>11-15-05</i>							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend			28							
Total Claims			29							